

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of New York

Case number (If known): _____

Chapter you are filing under:

☐

Chapter 7

☒

Chapter 11

☐

Chapter 12

☐

Chapter 13

☐Check if this is an
amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy****06/24**

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Debra First name Ann Middle name Hulse Last name Suffix (Sr., Jr, II, III)	First name Middle name Last name Suffix (Sr., Jr, II, III)
2. All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	First name Middle name Last name Business name (if applicable) Business name (if applicable)	First name Middle name Last name Business name (if applicable) Business name (if applicable)
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - <u>3</u> <u>9</u> <u>9</u> <u>0</u> OR 9xx - xx - ____ ____ ____ ____	xxx - xx - ____ ____ ____ ____ OR 9xx - xx - ____ ____ ____ ____

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Your Employer Identification Number (EIN), if any.**

EIN

EIN

EIN

EIN

5. Where you live**8 Private Road**

Number Street

Center Moriches, NY 11934

City State ZIP Code

Suffolk

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under***Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No.

☐ Yes. Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.



Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:



Health Care Business (as defined in 11 U.S.C. § 101(27A))



Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))



Stockbroker (as defined in 11 U.S.C. § 101(53A))



Commodity Broker (as defined in 11 U.S.C. § 101(6))



None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).



No. I am not filing under Chapter 11.



No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.



Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.



Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

 Number Street

City

State

ZIP Code

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X**/s/ Debra Ann Hulse**

Debra Ann Hulse, Debtor 1

Executed on **04/01/2025**

MM/ DD/ YYYY

Debtor 1

Debra**Ann****Hulse**

First Name

Middle Name

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X**/s/ John Lehr**

Signature of Attorney for Debtor

Date **04/01/2025**

MM / DD / YYYY

John Lehr

Printed name

John Lehr, P.C.

Firm name

1979 Marcus Avenue 210

Number Street

New Hyde Park

City

NY

State

11042

ZIP Code

Contact phone **(516) 200-3523**Email address **jlehr@johnlehrpc.com**

Bar number

State

**IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK
CENTRAL ISLIP DIVISION**

IN RE: **Hulse, Debra Ann**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **04/01/2025**

Signature **/s/ Debra Ann Hulse**
Debra Ann Hulse, Debtor

AMERICAN EXPRESS

200 Vesey St
New York, NY 10285

AMEX

PO BOX 297871
FORT LAUDERDALE, FL 33329

DEUTSCHE BANK

c/o McCabe Weisberg & Conway, LLC
1 Huntington Quadrangle Ste 4n25
Melville, NY 11747-4415

Fill in this information to identify your case:

Debtor 1	Debra	Ann	Hulse
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern		District of New York
Case number (if known)			

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim	
1	AMEX Creditor's Name PO BOX 297871 Number Street FORT LAUDERDALE, FL 33329 City State ZIP Code Contact Contact phone	What is the nature of the claim? CreditCard As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$1,127.00
2	AMERICAN EXPRESS Creditor's Name 200 Vesey St Number Street New York, NY 10285 City State ZIP Code Contact Contact phone	What is the nature of the claim? CreditCard As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$835.00

Debtor 1 **Debra** **Ann** **Hulse** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

3	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				
4	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				
5	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				
6	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				

Debtor 1 **Debra** **Ann** **Hulse** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

7	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____
8	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____
9	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____
10	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____

Debtor 1 **Debra** **Ann** **Hulse** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

11	Creditor's Name		What is the nature of the claim? _____
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property?		
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____			
Value of security: _____			
Unsecured _____			
12	Creditor's Name		What is the nature of the claim? _____
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property?		
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____			
Value of security: _____			
Unsecured _____			
13	Creditor's Name		What is the nature of the claim? _____
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property?		
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____			
Value of security: _____			
Unsecured _____			
14	Creditor's Name		What is the nature of the claim? _____
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property?		
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____			
Value of security: _____			
Unsecured _____			

Debtor 1 **Debra** **Ann** **Hulse** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

15	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				
16	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				
17	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				
18	Creditor's Name		What is the nature of the claim? _____	
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> None of the above apply			
	Does the creditor have a lien on your property?			
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Total claim (secured and unsecured): _____				
Value of security: _____				
Unsecured _____				

Debtor 1 **Debra** **Ann** **Hulse** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim**19**

Creditor's Name _____

What is the nature of the claim? _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Number _____ Street _____

City _____ State _____ ZIP Code _____

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured _____

Contact _____

Contact phone _____

20

Creditor's Name _____

What is the nature of the claim? _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Number _____ Street _____

City _____ State _____ ZIP Code _____

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured _____

Contact _____

Contact phone _____

Part 2: Sign Below**Under penalty of perjury, I declare that the information provided in this form is true and correct.****X****/s/ Debra Ann Hulse**

Signature of Debtor 1

X

Signature of Debtor 2

Date **04/01/2025**

MM / DD / YYYY

Date _____

MM / DD / YYYY